KENTUCKY PRIMARY CARE CENTER MEETING MINUTES

Cabinet for Health and Family Services
Public Health Building
275 East Main Street
Frankfort, Kentucky

November 6, 2014 10:00 a.m.

The meeting of the Primary Care Center Technical Advisory Committee (TAC) was called to order by Chair Chris Keyser.

The TAC members in attendance: Chris Keyser, Chris Goddard, Barry Martin, Yvonne Agan and Promod Bishnoi. Kentucky Primary Care Association members in attendance: Joe Smith, David Bolt and Emily Beauregard.

Medicaid staff in attendance: Lee Guice, Teresa Cooper, Charles Douglass, David Dennis and George Hosfield.

Others in attendance: Pat Russell, WellCare; Peggy Patton and Nancy Redmon, Anthem; Patti Smith-Glover, Humana/Caresource; Noel Harilson, Becky Murphy and Courtney Kelly, Passport; Rachel Fitzgerald with KPCA; Darryl Wilson and Stephanie Wilson, Barbourville Family Health Center.

A quorum was present. A motion was made by Ms. Agan, seconded by Dr. Bishnoi and unanimously approved to accept the September 11, 2014 meeting minutes.

UNFINISHED BUSINESS:

- Wrap payment issues: Mr. Goddard asked why his center received a check from DMS when the center has not submitted the required spreadsheets yet, and Mr. Dennis clarified that that check was for claims through the automated system that have come to DMS through the MCOs. The letter that went out to providers had a July date and Mr. Dennis said he would have to get this clarified with Steve Bechtel. Ms. Keyser asked if DMS was having any problems with the spreadsheets that centers were submitting, and Mr. Dennis said the majority of centers that have sent in spreadsheets have been in a format that DMS can use. Ms. Keyser asked if Mr. Dennis could speak on the Coventry problem with the paid claim data and Mr. Dennis stated that he would have to check with Mr. Bechtel on this.
- Reconciliation process: Ms. Guice stated that the end of November is the target date for having spreadsheets ready to go out to centers to compare their data with DMS data received from the MCOs. This covers the period of November, 2011 through June, 2014. Mr. Martin noted that there are not good identifiers off of the automated system to identify what MCO claim it is. Mr. Dennis asked the TAC to provide him a list of fields that centers would like to see on the remittance advices and DMS will look into that. He stated that if the information has been captured from the MCOs, that information can be put on the spreadsheet. Mr. Martin noted that at the last TAC meeting, it was suggested that a sample of centers be involved in order to have input into the reconciliation process. Mr. Smith asked how DMS is reconciling with the primary care centers who prior to February, 2013 are entitled to a wrap payment. Ms. Guice stated this issue is still in litigation.
- Dual eligible payments: Mr. Dennis stated that centers will need to do a separate reconciliation for dual eligible payments because this is reimbursed completely different than what the PPS is. Mr. Smith noted this issue will be discussed with the MCOs at the operational meetings held by the Association.
- Kentucky Spirit claims: Mr. Smith stated that the centers will have to put together a spreadsheet and that is what will be used for reconciliation based on the centers' paid claim data. Mr. Smith provided a letter to Ms. Guice that he had sent to Deputy Commissioner Wise.

STATUS UPDATE FROM DMS OF APPROVED MAC RECOMMENDATIONS: Mr. Bolt stated that the Medicaid Advisory Council (MAC), at its September 25, 2014 meeting, approved the TAC recommendations. Mr. Smith asked what DMS will do with these recommendations and Ms. Guice stated she was not the appropriate person to answer this.

NEW BUSINESS:

- (a) Update on DMS's work with MCO's to get clean claims data: Ms. Patton stated that Anthem's professional claims going back to January are all in and those files are being processed. Ms. Guice stated that DMS has gone live with the encounter process of tracking and withholding. Ms. Agan asked about having multiple visits on one claim but that one claim is being processed as one wrap versus multiple visits. Ms. Cooper stated that the automated system is supposed to pay one PPS rate per date of service and Mr. Dennis said he would check to see if the system is looking at the detail level. Ms. Agan will furnish Ms. Cooper with examples.
- (b) EOB data received by clinics: The TAC requests that the MCO member ID, claim number, subscriber

- number, patient number to be added to the EOBs in order to allow clinics to reconcile payments more efficiently.
- (c) Reconciliation spreadsheet: The TAC requests a legend be added to the spreadsheet to provide clear definitions for the column headers to ensure accuracy when completing the spreadsheet.
- (d) Process for Coventry claims re-submission and timeline for preliminary reconciliation: Steve Bechtel was working on this and Mr. Dennis will check with him. The TAC requests the 30-day review period be extended to 60 days to allow clinics more time to review their data.
- (e) Billing issue wrap payments for 99211 \$0 claims for nursing visits: Ms. Cooper stated that from a coding perspective, 99211 is not a nursing visit. What drives this is the rendering provider number. If a nurse is rendering the service, the rendering provider number should be the clinic's NPI number.

RECOMMENDATIONS TO THE MAC: The recommendations to the MAC are outlined above in (b), (c) and (d).

The meeting was adjourned. No date was set for the next meeting.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 11th day of November, 2014.)